

To:

April 1, 2002

**LICENSE RENEWAL FOR JULY 1, 2002 TO JULY 1, 2004**

*Please sign, date and return to Board office*

*General Renewal Information*

Return all renewal materials in one packet; renewal **will not** be processed if sent in pieces.

- **Biennial Renewal Fee and this form** (Post-marked before June 30, 2002) (Fee Schedule enclosed)
- **Continuing Education Report** ( Minimum requirement - 2 hours in Ethics/ 22 in your field: 24 Total)
- **Revised Statement of Intent** (Form enclosed)
- **Correction Form** (enclosed)

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Counselors licensed under Act 593 of 1979 or Act 244 of 1997 shall be required to submit biennially at the time of renewal, a license renewal fee to be established by the Board. No license shall be renewed unless the renewal request is accompanied by evidence satisfactory to the Arkansas Board of Examiners in Counseling of completion during the previous twenty-four (24) months of relevant professional or continued educational experience. Failure to pay the biennial renewal fee within the time stated shall automatically suspend the right of any licensee to practice while delinquent. (Act 593 of 1979; Section 12, Renewal)

Board Policy requires all counselors and therapists to submit a revised Statement of Intent prior to renewal.

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**Your license expires, effective July 1, 2002. Unless your license is renewed by June 30, 2002, it will automatically be suspended until all delinquent materials are submitted and approved by the Board. If not reinstated in twelve (12) months, you must apply as a new applicant. Any practice while your license is suspended is in violation of Act 593 of 1979, Section 15 and Act 244 of 1997, Section 4, Renewal. Any license renewal after July 1, 2002 will be charged a late renewal fee of \$50 in addition to the biennial renewal fee.**

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**Arkansas Board of Examiners in Counseling  
P.O. Box 70  
Magnolia, AR 71754-0070**

*The licensed counselor/therapist has the sole and exclusive responsibility to ensure that all necessary fees and documents are received in timely fashion by the Board for renewal.*

Date \_\_\_\_\_ Print name \_\_\_\_\_

Signature \_\_\_\_\_

# GENERAL INFORMATION FOR MAINTAINING THE CONTINUING EDUCATION FILE

## METHODS OF EARNING CONTINUING EDUCATION CREDIT AND REQUIRED DOCUMENTATION

1. COLLEGE OR UNIVERSITY COURSE FOR CREDIT OR AUDIT: Copy of transcript.
2. SEMINARS, WORKSHOPS, CONFERENCES, ETC: Copy of the certificate or letter of attendance.
3. PUBLICATIONS: Copy of the title page or table of contents.
4. PRESENTATION: Copy of letter of acknowledgment from host organization and/or copy of the evaluations with speakers name.
5. SUPERVISION OR CONSULTATION: Letter from supervisor or consultant listing dates and number of hours of supervision.
6. DISSERTATION: Copy of transcript and dissertation abstract.
7. LEADERSHIP: Letter of confirmation on letterhead from the organization.
8. HOME STUDY: Copy of certificate from approved Home Study Provider.

## REGULATIONS AND LIMITATIONS GOVERNING CONTACT HOURS

Note: All continuing education activities must be chosen from the approved content areas.

1. COLLEGE OR UNIVERSITY COURSES - No limit. Courses may be audited.
2. SEMINARS, WORKSHOPS OR CONFERENCES - No limit.
3. PUBLICATION / PRESENTATIONS - **NOTE:** A maximum of 6 hours may be counted for each activity in the category "Publications/Presentations". Publication activities are limited to articles in refereed journals, a chapter in an edited book, or a published book. Required documentation for publication credit is a copy of the cover page of the article or book. For a chapter in an edited book include a copy of the table of contents.

Presentations may be used for continuing education credit if the topic matches one of the approved content areas. A particular presentation may be used only once in a two year period. Only actual presentation time may be counted. No hours are granted for preparation. A letter from the sponsor or professional colleague, and a summary of the evaluations from the event are the required documentation.

4. DISSERTATION - Maximum credit: 24 contact hours. List the dates for which credit was granted by your college or university for work done toward the completion of your dissertation. List the title of your dissertation and the name of your college or university attach a copy of the dissertation abstract.

5. SUPERVISION / CONSULTANT - Maximum credit: 24 contact hours. Recertification credit can only be granted for supervision/consultation received on a regular basis with a set agenda. Recertification credit cannot be granted for supervision which you provide to others. List the start and end dates of the period in which the supervision occurred. Under supervision, list the site where the supervision was provided. List the name of the supervisor.

Supervision for academic credit, should be listed under course work. A maximum of 45 contact hours can be granted in a two-year period for supervision taken for academic credit. This supervision must appear on your transcript or grade report.

6. LEADERSHIP - Maximum credit: 24 contact hours each renewal period. List the start and end dates of the period in which the leadership occurred. Under leadership list the name of the organization. Name the position held.

The following leadership positions are acceptable for recertification credit: Officer of state or national counseling organization; editor of professional counseling journal; member of state counseling licensure / certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses, certification or professional membership; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first license issue.

7. HOME STUDY PROGRAMS - There is no limit on the number of hours that may be taken by home study. However, home study courses must be taken from the approved list which appears in the NBCC Continuing Education Update or the ACA approved Home Study Programs.

# HOW TO DETERMINE IF YOUR CONTINUING EDUCATION MEETS ARBOEC REQUIREMENTS

The following checklist will assist in determining if a non- approved activity meets board continuing education guidelines and can be used for license renewal.

You should be able to answer yes to the following questions if you are going to use the activity for renewal credit.

-Does the content of the activity fall within an approved content area?

-Is the activity geared toward professionals in the field of mental health, counseling and / or MF Therapy?

-Does the activity enhance your role as a professional counselor / therapist?

-If the activity was self-help in nature, was there a component which included information on how to pass the material on to clients?

-If it was a home-study activity, was it sponsored by an **NBCC** approved provider or by ACA.

-If it was a teleconference, was there an opportunity to interact with an instructor or facilitator?

-Was the activity taken during this current two-year renewal period?

NOTE: Activities taken during the last 90 days of the license period can be carried over to the current certification period if they were not included in the previous 24 hours.

## MANDATORY AUDIT

Ten percent of the licensed individuals completing each two-year license period will be randomly chosen for an audit and required to submit their Continuing Education Folders to the Board according to Board established guidelines. Detailed instructions for the completion of the audit process will be provided to those selected to participate. All other licensed individuals will be required to sign statements attesting that the continuing education requirements have been met. Notification of audit and statements for signatures will be sent to licensees April of the final year of the current licensure period. Attestation statements are due on the certification expiration date. Licensees chosen for audit are given an additional 3 weeks to complete renewal.

## VOLUNTARY RECOGNITION AUDIT

Licensee's who exceed the continuing education requirement and have accrued 50 or more contact hours may request forms to apply for the voluntary audit during the last quarter of the two-

year renewal cycle. There is a \$30.00 fee for the voluntary audit which covers the review of the materials. Those licensee's who pass will receive a certificate recognizing their commitment to continuing education in the field of Counseling and or Marriage/Family Therapy.

## RETAKE THE NCE FOR RENEWAL

Licensee's may opt to take the NCE for the purpose of renewal in lieu of meeting the 24 hour continuing education requirement. Licensee's selecting this option must pass the NCE during the twelve months prior to the expiration date of their license.

## APPROVED PROVIDERS OF CONTINUING EDUCATION

NBCC approved providers of continuing education have completed a formal application process to insure the suitability of the content and format of their continuing education activities. NBCC approved providers include regionally accredited academic institutions offering counselor education programs as well as many public agencies, private organizations, counseling- related associations, school districts, academic institutions that offer relevant course work but do not have counselor education programs, and qualified individuals. NBCC approved providers insure that NCCs have access to appropriate, high quality continuing education activities.

A complete list of NBCC approved providers is sent upon request. Updates to the list are published quarterly. Activities sponsored by non-approved providers may qualify for renewal credit if they meet Board content guidelines. American Association for Marriage Family Therapy approved providers are accepted.

## ADDITIONAL GUIDELINES FOR REPORTING CONTINUING EDUCATION

\* A contact hour is defined as one hour of actual participation in a continuing education activity, exclusive of breaks, lunches and so forth.

\* Activities taken exclusively for the purpose of self-help are not eligible. In order to qualify for credit, a portion of the activity must focus on methods for disseminating the learned techniques to clients. Therapeutic workshops and retreats, while commendable, are not considered training unless specific parts of the experience can be shown as strictly training.

.Teleconferences must feature an interactive format in order to be used for renewal credit. Interactive teleconferences are those that provide the opportunity for participants to communicate directly with the instructor or that have a facilitator present at the conference site.

# CONTINUING EDUCATION FILE

## FOR LICENSE RENEWAL

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Licensed: \_\_\_\_\_  
\_\_\_\_\_ Renewed: \_\_\_\_\_  
\_\_\_\_\_ Expiration Date: \_\_\_\_\_

For license renewal, you must document at least 24 clock hours of continuing education for each renewal period OR retake and pass the National Counselor Examination for Licensure and Certification (NCE) within twelve months prior to the expiration date. Two of the 24 clock hours must be in ethics.

Each activity must be recorded on this folder. Documentation verifying participation in the activities must be kept in this file. **DOCUMENTATION SHOULD NOT BE SENT TO ARBOEC UNLESS REQUESTED FOR MANDATORY AUDIT.**

### ACTIVITIES TO BE LISTED

### DOCUMENTATION NEEDED

|  |   |
|--|---|
| College/University Courses .....       | Copy of Transcript/Grade Report             |
| Seminars, Workshops, Conferences ..... | Copy of Certificate or Letter of Attendance |
| Publication Activities .....           | Copy of Cover Page of Article or Book       |
| Supervision/Consultation .....         | Letter from Supervisor                      |
| Dissertations .....                    | Copy of Transcript and abstract             |
| Leadership .....                       | Letter of Confirmation                      |

### CONTINUING EDUCATION CONVERSION CHART

|   |                  |
|---|------------------|
| One (1) Continuing Education Unit (CEU) ..... | 10 contact hours |
| One (1) Semester Credit .....                 | 15 contact hours |
| One (1) Quarter Credit .....                  | 10 contact hours |

### CONTINUING EDUCATION FOLDER

A continuing education folder is sent to each new licensee for renewal and a new folder is sent upon renewal. Each folder is to be maintained for the two-year period. It is the licensee's responsibility to keep an accurate record of continuing education activities. The folder should be used for recording activities and maintaining a file of the documentation which is required. Folders should be retained by licensee and sent to the Board only upon notification of selection for an audit. The Board cannot process individual pieces of documentation. Separate pieces of documentation received by the Board will be returned to the licensee for inclusion in the documentation folder.

ARKANSAS BOARD OF  
EXAMINERS IN COUNSELING  
P.O. BOX 70  
MAGNOLIA, AR 71754-0070



Created by Act 593 of 1979  
Amended by Act 244 of 1997

## HOW TO LIST YOUR 24 HOURS OF CONTINUING EDUCATION

Record this information on an ongoing basis as you accrue continuing education credit.

**DATES:** You may request credit for continuing education activities that occur between your license renewal date and your expiration date. Indicate the date(s) on which each activity took place. Continuing education hours in excess of the 24 required for renewal may be submitted for credit in the new license period if they were taken after the April 1 billing date for renewal or 90 days prior to expiration date.

**COURSE/ACTIVITY:** Name the course or activity in which you participated. Courses and activities include college and university courses, seminars, workshops, conferences and in-service activities. The continuing education activities must be geared toward professionals in the mental health field and must focus on increasing knowledge and/or skills in the practice of counseling.

**CONTENT AREA:** Designate the content area of each continuing education activity by using the numbers that follow. Continuing education activities taken for license renewal credit must focus on increasing knowledge and/or skills in the practice of counseling in one or more of the areas listed to the right:

**PROVIDER NAME:** List the name of the college or university offering the course or the name of the organization offering the activity.

**NBCC PROVIDER # IF APPLICABLE:** List the four digit provider number for any activity taken from an NBCC approved provider. The number may be found on your list of NBCC Approved Providers.

**TYPE OF DOCUMENTATION IN FOLDER:** List the type of documentation included in your folder verifying attendance at the course or activity. Approved providers must issue proper documentation for each activity that they offer. If you choose to take activities from non-approved providers, be certain to obtain the proper documentation from them. When certificates are not awarded, a letter containing the required information should be obtained from the sponsor. Copies of brochures, announcements and agendas are not considered acceptable proof of attendance. The Board cannot accept documentation when it is submitted directly to the Board by a sponsor.

**NUMBER OF CONTACT HOURS:** List the number of contact hours for each course or activity. Contact hours are defined as the number of actual clock hours spent in direct participation in a structured educational format as a learner.

**SPECIALTY CODES:** Career - C, Gerontological - G, Clinical Mental health - MH, Addiction - A, etc. See chart below:

1. **COUNSELING THEORY** basic theories, principles and techniques of counseling and their application to professional counseling settings.

2. **HUMAN GROWTH AND DEVELOPMENT** includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory; life span theory, and learning theory within cultural contexts.

3. **SOCIAL AND CULTURAL FOUNDATIONS** societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic trends; differing lifestyles; and major societal concerns including stress, person abuse, substance abuse, discrimination and methods for alleviating these concerns.

4. **THE HELPING RELATIONSHIP** philosophic bases of helping processes; counseling theories and their applications; basic and advanced helping skills; consultation theories and their application; client and helper self-understanding and self-development; and facilitation of client or consultee change.

5. **GROUP DYNAMICS, PROCESSING AND COUNSELING** group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.

6. **LIFESTYLE AND CAREER DEVELOPMENT** career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance, and education; lifestyle and career decision-making; career development program planning, resources, and effectiveness evaluation.

7. **APPRAISAL OF INDIVIDUALS** group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; factors influencing appraisal; and use of appraisal results in helping processes. Additionally, the specific ability to administer and interpret tests and inventories to assess abilities, interests, and identify career options is important.

8. **RESEARCH AND EVALUATION** research; basic statistics; research - report development; research implementation; program evaluation; needs assessment; publication of research information; and ethical and legal consideration.

9. **PROFESSIONAL ORIENTATION** professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; and professional credentialing.

10. **MULTIPLE SESSIONS/CONFERENCES** include total contact hours earned through multiple sessions which meet several approved content areas. Examples (under this content area) would include ACA National Conferences and a series of in service sessions covering many topics.

### Specialty Certification Requirements

(When applicable, specialty exam may be substituted for specialty hours)

| Code | Specialty  | Total Hours Required for<br>Renewal | Percentage in Specialty |
|------|--|-------------------------------------|-------------------------|
| C    | Career   | 24                                  | 25                      |
| Sch  | School   | 24                                  | 25                      |
| G    | Gerontological                                     | 24                                  | 25                      |
| MH   | Clinical Mental Health Counselor / Psychotherapist | 24                                  | 25                      |
| A    | Addictions   | 24                                  | 25                      |
| H    | Hypnotherapy                                       | 24                                  | 25                      |
| R    | Rehabilitation                                     | 24                                  | 25                      |
| AP   | Appraisal  | 24                                  | 25                      |
| D    | Drug and Alcohol                                   | 24                                  | 25                      |
| P    | Pastoral   | 24                                  | 25                      |
| S    | Supervision  | 24                                  | 25                      |
| PT   | Play Therapy                                       | 24                                  | 25                      |
| B    | Biofeedback  | 24                                  | 25                      |

**LISTING OF A MINIMUM OF 24 HOURS OF CONTINUING EDUCATION INCLUDING 2 HOURS OF ETHICS**[illegible]

(Continued)



# ARKANSAS BOARD OF EXAMINERS IN COUNSELING

| Dates | Course/Activity | Content Area | Provider Name | NBCC Provider # (if applicable) | Type of documentation in folder | Number of contact hours | Specialty Code |
|-------|-----------------|--------------|---------------|---------------------------------|---------------------------------|-------------------------|----------------|
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |
|       |                 |              |               |                                 |                                 |                         |                |

**Supervision/Consultation, Dissertation, Publication and Leadership Activities may not exceed the indicated maximum of hours in a two year renewal period.**

| Date                  | Title of Publication/Presentations | Publisher/Journal/Site of Presentation | Max for Publication / Presentation<br>20 Hours |
|-----------------------|------------------------------------|--|--|
|                       |                                    |  |  |
| Date                  | Title of Dissertation              | Name of College or University          | Max for Dissertation<br>24 Hours               |
|                       |                                    |  |  |
| Date                  | Supervision / Consultation         | Name of Supervisor                     | Max for Supervision<br>24 Hours                |
|                       |                                    |  |  |
| Date                  | Leadership                         | Position Held                          | Max for Leadership<br>24 Hours                 |
|                       |                                    |  |  |
| Total Hours Submitted |                                    |  |  |

## **Counseling Techniques**

### **Cognitive Behavioral**

- ☐ Reframing exercises
- ☐ Self-talk
- ☐ Self-analysis/self-evaluation/self-assessment
- ☐ Homework therapy
- ☐ Relaxation techniques
- ☐ Muscle relaxation
- ☐ Deep breathing
- ☐ Cognitive imagery
- ☐ Guided imagery
- ☐ Systematic desensitization
- ☐ Problem-solving skills training
- ☐ Self-monitoring
- ☐ Cognitive restructuring
- ☐ Role playing social problem-solving situations
- ☐ Self-reinforcement
- ☐ Self-instruction
- ☐ Modeling
- ☐ Positive incentives
- ☐ Behavioral rehearsal
- ☐ Monitoring negative thoughts
- ☐ Restructuring negative or maladaptive thoughts

### **Person-Centered**

- ☐ Active listening
- ☐ Reflection of feelings
- ☐ Clarification
- ☐ Empathy
- ☐ Unconditional Positive Regard
- ☐ Congruence

### **Adlerian**

- ☐ Gathering life history  
(genogram, family constellation, early recollections)
- ☐ Therapeutic contracts
- ☐ Homework assignments
- ☐ Paradoxical intention
- ☐ Suggestions
- ☐ Confrontation
- ☐ Interpretation
- ☐ Providing encouragement
- ☐ Paraphrasing
- ☐ “Aha” experience
- ☐ Catching Oneself
- ☐ Acting “as if”

### **Gestalt**

- ☐ Reliving /reexperiencing unfinished business
- ☐ Confrontation
- ☐ Staying with feelings
- ☐ Role playing
- ☐ Empty chair
- ☐ Creative expression (art, poetry, writing, movement)
- ☐ Psychodrama
- ☐ Putting feelings or thoughts into action
- ☐ Body awareness (breathing awareness)
- ☐ Guided imagery
- ☐ Focusing on the here and now

### **Behavior**

- ☐ Reinforcement techniques
- ☐ Relaxation methods
- ☐ Modeling
- ☐ Assertion/social skills training
- ☐ Self-management programs
- ☐ Behavioral rehearsal
- ☐ Coaching
- ☐ Contracts
- ☐ Homework assignments

### **Reality**

- ☐ Evaluation of present behavior
- ☐ Willingness to change
- ☐ Development of specific plan to change
- ☐ Awareness of how life would be different
- ☐ Commitment to follow through with plan

### **Psychoanalytic**

- ☐ Interpretation
- ☐ Dream analysis
- ☐ Free association
- ☐ Analysis of resistance
- ☐ Analysis of transference
- ☐ Questioning to develop case history

### **Existential**

- ☐ Identification of responsibility avoidance
- ☐ Confronting irresponsibility
- ☐ Owning of feelings, statements and actions
- ☐ Attacking “wish” avoidance
- ☐ Attacking affect avoidance
- ☐ Unblocking decision-making

### **Family**

- ☐ Identifying self-defeating patterns between members
- ☐ Enactments
- ☐ Boundary making
- ☐ Unbalancing
- ☐ Reframing
- ☐ Family sculpting
- ☐ Genogram
- ☐ Family reconstruction
- ☐ Circular questioning
- ☐ Behavioral parent training
- ☐ Tracking
- ☐ Therapeutic contract

Compiled by Rochelle C. Moss  
University of Arkansas, 2001  
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## GUIDELINES FOR WRITING STATEMENT OF INTENT

Your Statement of Intent helps establish the legal parameters of your practice. Clients, insurance companies, and other interested parties should be able to tell by reading your statement what services you are offering. It is comparable to a brochure advertising your counseling practice. It is important to keep it up-to-date. Your Statement of Intent should reflect what services your academic training and work experiences have qualified you to offer. Both pursuing additional training and/or working under supervision allows you to expand your qualifications and the services you offer. It can be revised at any time your counseling practice changes, for example, if you change jobs or receive additional training.

### Nature of My Counseling or Therapy Practice

There is a fine line between making this section too broad or too narrow. Specifying a place of employment will limit your practice to that place. It is best to define the nature of your practice in terms of whether it will be inpatient or outpatient (or both), and/or whether it will be private, clinical, or in another setting such as academic. In this section, you should identify the types of issues, presenting problems, or disorders you are willing and competent to treat. It is often helpful to define these in terms of the major chapters of the Diagnostic and Statistical Manual (IV-TR), for example, anxiety disorders, mood disorders, substance abuse disorders, and so on. You may wish to indicate other issues clients present such as relationship issues, grief and loss, marital issues, parenting problems, and so on. It is important to list all issues you are willing and competent to treat, especially if you intend to claim third party reimbursement for such treatment. Should an insurance company or other third party payer call ABOEC to ask if you are qualified to treat a specific disorder, your Statement of Intent will be the document to which the staff of ABOEC will refer.

### Theoretical Approaches

Most counselors find it easy to specify their theoretical approaches they will use with the population they specify.

### Methods, and Techniques

Counselors often neglect to indicate the specific methods and techniques they use, based on the theories they have specified.

### Population to be Served

You need to be able to show that you have training or experience with the population to whom you intend to provide services. Statements such as “children, adolescents, and adults” are usually too broad unless your training and experiences clearly support you have worked with persons of all ages from very young to very old. It may be helpful to specify such as pre-school children, older children, adolescents, young adults, mature adults, the middle aged, and/or geriatric adults.

### Assessment Instruments to be used and purpose of each use

In this section you must specify by name any assessment instrument you intend to administer, interpret and the purpose of the administration; for example, “Self-Directed Search will be used to explore interests for career counseling” or “the Myers Briggs Type Indicator will be used to identify personal preferences and differences when doing relationship counseling.” Your transcript must reflect training for the administration of listed instruments.

### Foremat

Statement of Intent will not be accepted by the Board unless it is typed and each page has signature and date of person completing the form.

# SCOPE OF PRACTICE STATEMENT OF PROFESSIONAL INTENT

Licensed Associate Counselor (LAC) \_\_\_\_\_ Licensed Professional Counselor (LPC) \_\_\_\_\_  
Licensed Associate Marriage /Family Therapist (LAMFT) \_\_\_\_\_  
Licensed Marriage and Family Therapist (LMFT) \_\_\_\_\_

Name \_\_\_\_\_ / /  
Type or Print Signature Mo/Day/Year

## NATURE OF MY PRACTICE

## DISORDERS, ISSUES, PRESENTING PROBLEMS TO BE TREATED

## THEORETICAL APPROACH

## METHODS AND TECHNIQUES

## POPULATION(S) TO BE SERVED

## ASSESSMENT INSTRUMENTS I WILL ADMINISTER AND PURPOSE OF USE *Projective Techniques are not permitted under this license. [Act 593 of 1979, Sec. 3(e) 2]*

I understand that my Statement of Intent is my scope of practice and reflects the training documented in my Board file. I will revise my Statement of Intent when I document additional training and/or changes in my scope of practice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ FOR LICENSE

NUMBER \_\_\_\_\_ VALID \_\_\_\_\_

## **CORRECTION FORM**

### **PERSONAL DATA CORRECTION FORM**

**Please check carefully your name and address on the license renewal notice.  
If you wish to change, please indicate the correction in the space below and return  
with your check, and continuing education folder.**

**NAME:** (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

---

**TELEPHONE: Residence:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_